

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
10 JAN 28 PM 1:39
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee for Dewey Stokes						Registration Number, if PAC			
Full Name of Candidate									
Street Address 750 Willow Bend Lane					Office Sought		District		
City Columbus					State O H		Zip Code 43204		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2009
	July		August		September		Termination		
	Monthly		Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M D Y	

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1. Amount brought forward from last report	\$ 943.93
2. Total monetary contributions (From Form No. 31-A)	\$
3. Total other income (From Form No. 31-A-2)	\$ 30.00
4. Total funds available (sum of lines 2, 3)	\$ 973.93
5. Total monetary expenditures (From Form No. 31-B)	\$ 95.00
6. Balance on hand (line 4 minus line 5)	\$ 878.93
7. Value of in-kind contributions received (From Form No. 31-C-1)	\$
8. Value of in-kind contributions made (From Form No. 31-C-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-D)	\$
10. Outstanding debts owed by committee (From Form No. 31-E)	\$
11. Outstanding loans owed to committee (From Form No. 31-F)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. By Electronic Filing Entities only	\$
Sum of lines 2, 3 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Patrick M. Pickett, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

1/27/10
Date

Contribution
pages

Expenditure
pages 1

Other
pages 5

Total
pages 6

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee for Dewey Stokes					
Full Name			Registration Number, if PAC		
U.S. Bank					
Address	Type*		M	D	Y
P.O. Box 1800	R E		0	9	2
City	State	Zip Code	Form(Cash,Check,etc)		
St. Paul	M N	55101	Electronic		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made

Page Total \$ 30.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Dewey Stokes									
To Whom Paid Citizens for Duffey						M	D	Y	Amount
						0	6	0	2
Address 645 Farrington Dr.						Purpose Contribution			
City Worthington						State O H		Zip Code 43085	
Check Number 1724									
To Whom Paid U.S. Bank						M	D	Y	Amount
						0	7	1	4
Address P.O. Box 1800						Purpose Analysis Service Charge			
City St. Paul						State M N		Zip Code 55101	
Check Number Electronic									
To Whom Paid U.S. Bank						M	D	Y	Amount
						0	8	1	4
Address P.O. Box 1800						Purpose Analysis Service Charge			
City St. Paul						State M N		Zip Code 55101	
Check Number Electronic									
To Whom Paid U.S. Bank						M	D	Y	Amount
						0	9	1	5
Address P.O. Box 1800						Purpose Analysis Service Charge			
City St. Paul						State M N		Zip Code 55101	
Check Number Electronic									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number									